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NATIONAL AND STATE HOLIDAYS

The commemoration of the dates of national independence is assuming more and more importance in Tepoztlán. Thanks to the labor of the school, the national holidays of September fifteenth and sixteenth have become outstanding fiestas in the village—only the Carnaval is still more popular. Preparations are begun at least two months prior to September fifteenth. The children are the first to begin the campaign in the homes, for they are told by their teachers to ask for new uniforms for the parade. Despite the burden of such expense, many parents purchase the uniforms. All the local officials, the president, the councilmen, the judges, the director of the school, and the collector of rents, prepare for the event and all attend. Speakers from the governor's office in nearby Cuernavaca are usually invited, and the populace turns out to hear them.

The state of Morelos has its own civic fiestas which are celebrated with considerable flourish. Among the most important are the celebration of the birthday of Father Morelos, after whom the state was named, and the birth and death of the great General Emiliano Zapata, the most popular hero in the state. As in the case of the national fiestas, the school is the organizing and driving force in the celebration of these fiestas; however, they are not on as large a scale as national fiestas. The teachers and the school director generally make speeches, reviewing the great achievements of the hero Zapata, and they do not fail to point out that at least five of Zapata's generals were from Tepoztlán. In addition to these local celebrations, Tepoztecans often send a delegate to the official state celebration of Zapata's birthday.

The state also has its popular song writers, and its songs dwell on local history or local scenes, easily recognized as Morelos songs by the lyrics if not by the music.

MOVIES

Mexican movies have also broadened the Tepoztecan view of Mexico and the world. More and more the younger generation see an occasional movie in Cuernavaca, and sometimes a movie comes to Tepoztlán to be shown in the plaza at a small cost.

ADMINISTRATIVE FACTORS

At least half a dozen federal government agencies have files on Tepoztlán. These files contain correspondence with the village and provide us with a more or less objective record of Tepoztlán and national agencies. Most of the files date from the early twenties and reflect the increasing role of these agencies in village life in the post-Revolutionary period. The agencies which have the fullest records are the Departamento Agrario, Forestal, Asuntos Indígenas, Economía Nacional, Salubridad, and Asistencia Social.

It is not my purpose to give a detailed account of all the federal agencies which may directly or indirectly influence Tepoztlán. However, the more salient ways

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Case 15

MEDICINE AND POLITICS IN A MEXICAN VILLAGE

by Oscar Lewis

In writing about the community and the health officer, Dr. George Rosen urges us "to recognize first of all that the community is a power structure. Somewhere it has a locus of authority. There are people in it who decide what many other people shall or shall not do, how they shall live and work, and many other fundamental matters." Any new venture in the health field will stand or fall partly on its merits and partly on its implications for strengthening or weakening the prevailing pattern of power. This has been documented in Dr. Kimball's case study of an Alabama community and in the Brazilian study by Dr. Oberg and Mr. Rios. In yet another form, it is again exemplified in Dr. Lewis' case study.

Dr. Lewis relates a troublesome episode that formed part of the field experience upon which his book, Life in a Mexican Village, *is based. The importance of the present study rests on what it reveals about overt and covert aspects of the power process. It reviews the intricate maneuvers by which a psychological research project was played off against a medical service originally set up in response to popular request. For instances of other programs combining research and service activities, the reader is referred to the Canadian study by Dr. John and Dr. Elaine Cumming, the Thai study by Dr. Hanks and his associates, and the Wellesley case study by Dr. Naegele.*—EDITOR

THE PROBLEM

Villagers Stop Using a Local Clinic

Shortly after arriving in the Mexican village of Tepoztlán in 1943, our community research team began to meet with the heads of families in various parts of the settlement to make ourselves known and to explain why we were there. Although our primary objective was to study village life rather than to change it, the villagers took advantage of these introductory occasions to direct attention to their pressing problems. They pointed out that their lands were becoming increasingly sterile, that for lack of water they could raise only a single crop a year, that they needed an-

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other school, and that there was no doctor in their village. One dignified, elderly Tepoztecan expressed the general attitude when he said, "Many people have come here to study us, but not one of them has helped us."

At the same time the Mexican government, through its Department of Health and Welfare, was concerned over the problem of resistance to modern medicine in some of the rural areas. They wanted to know more about the reasons behind the apparent lack of confidence in modern doctors and the difficulties encountered in trying to win the villagers away from native *curanderos*.

Acceding to the wishes of both the villagers and the government, we decided to set up a small medical clinic in Tepoztlán. The villagers had made it clear that if they were to cooperate by satisfying our research aims, they would expect something practical in return. They had expressed a need for improved medical service, and the clinic appeared to be a good answer to the problem. Federal officials similarly declared themselves more willing to cooperate with us if some of our research work was designed to throw light on problems faced by the government. The Department of Health and Welfare was reluctant to furnish a doctor solely to perform examinations in connection with purely theoretical research on personality development, as we had requested, but readily agreed to send a doctor to treat patients of the proposed medical clinic in Tepoztlán. The Department also became very much interested in our suggestion that the doctor experiment by discussing disease and cure with his patients in terms of native concepts, rather than ignoring these as "unscientific," as a method of establishing rapport and winning confidence.

The plan to establish a clinic thus appeared to answer expressed needs of both local and government people and to provide a way for us to obtain the active cooperation of both these groups. Arrangements were made to obtain the facilities for the clinic, and a doctor was sent by the Mexican Health and Welfare Department. The clinic was only one part of a broader program of services made available to the villagers at their behest. In addition, two agronomists and four social workers were brought in to serve the villagers. Little or no opposition was encountered to their work and to the research itself.

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—are perceived by those in power as threatening their position, they will attempt directly or indirectly to undermine the efforts of that group.

SUMMARY

When our research team came to the Mexican village of Tepoztlán to study its culture and its people, the residents asked us to help them in a practical way, pointing out that they lacked a doctor, among other things. The Mexican government supplied a doctor for a six-month term, and we helped the community establish a medical cooperative that might be able to persist as a going concern even after we left the village. Despite the fact that the cooperative seemed to meet an expressed need and despite its initial success as judged by attendance, the clinic quite suddenly lost patronage and was abandoned.

Compared with carefully planned, government-sponsored health and medical programs in underdeveloped areas, our small-scale endeavor which grew out of the needs of a research project was clearly a minor, almost amateur, effort. Nevertheless, this case study highlights a number of principles and problems to be found in most attempts to introduce modern medicine into so-called backward areas of the world.

This case throws light upon the dynamic forces at work in a peasant community which, on the surface, appears simple and static. It shows quite clearly that the success or failure of a medical program depends on many cultural factors besides the competence of doctors and the quality of services. The major obstacles encountered in the Tepoztlán case were these: readiness to distrust innovations and a generalized lack of interest in changing local ways of doing things; inadequacy of economic resources, even the one peso fee being too high for many villagers; lack of rapport between doctors and patients resting on the doctors' ignorance of native illness concepts and an attitude of superiority; continued faith of the villagers in their local curanderos; finally, and perhaps most important, readiness of local interest groups, headed by the leading curandero, to view the medical cooperative as a threat to their power.